Case 07-21249 Doc 1 Filed 11/13/07 Entered 11/13/07 15:22:27 Desc Main Document Page 1 of 10

Official Form 5 (10/06)

United States Ba	nkruptcy Court		
Northern Distr	ict of Illi	inois	INVOLUNTARY PETITION
IN RE (Name of Debtor – If Individual: Last, First, M	iddle)		ES used by debtor in the last 8 years
Care Biopharma, LLC		(include married, ma	uiden, and trade names.)
Last four digits of Soc. Sec. No./Complete EIN or other one, state all.):	er Tax I.D. No. (If more than	n.	
STREET ADDRESS OF DEBTOR (No. and street, cit	y, state, and zip code)	MAILING ADDRES	SS OF DEBTOR (If different from street address)
909 E. Orchard Street Mundelein, IL 60060			
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF	BUSINESS		
Lake	ZIP CC	DDE	ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINES	S DEBTOR (If different fro	om previously listed address	es)
CHAPTER OF BANKRUPTCY CODE UNDER WH	ICH PETITION IS FILED	and the first of the development	
☑ Chapter 7 ☐ Chapter	11		
INFOR	MATION REGARDING I	DEBTOR (Check applicab	le boxes)
Nature of Debts (Check one box.)	Type of (Form of O		Nature of Business (Check one box.)
Petitioners believe:	☐ Individual (Includes J☐ Corporation (Includes ☐ Partnership	oint Debtor)	☐ Health Care Business ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B)
☐ Debts are primarily consumer debts ☐ Debts are primarily business debts		one of the above entities, the type of entity below.)	☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank
VENUE			FILING FEE (Check one box)
			,
Debtor has been domiciled or has had a residence, place of business, or principal assets in the District		Full Filing Fee attach	ed
days immediately preceding the date of this petition a longer part of such 180 days than in any other Dis			upport creditor or its representative, and the form of the Bankruptcy Reform Act of 1994 is attached.
[If a child support credit		or or its representative is a petitioner, and if the pecified in § 304(g) of the Bankruptcy Reform Act of	
	JPTCY CASE FILED BY		
OR AFFILIATE OF THIS DEI	Case Number	for any additional cases on a	Date
Relationship	District		Judge
ALLEGAT (Check applica			COURT USE ONLY
 ☑ Petitioner (s) are eligible to file this petition p ☑ The debtor is a person against whom an order States Code. ☑ The debtor is generally not paying such debtor subject of a bona fide dispute as to liability or an 	for relief may be entered un 's debts as they become due	der title 11 of the United	
b. Within 120 days preceding the filing of this pe agent appointed or authorized to take charge of I debtor for the purpose of enforcing a lien agains	less than substantially all of	the property of the	

Case 07-21249 Doc 1 Official Form 5 (10/06) - Cont.

Filed 11/13/07 Entered 11/13/07 15:22:27 Desc Main Document Page 2 of 10 Care Biopharma, LLC Case No._

TRANSFER OF CLAIM Check this box if there has been a transfer of any claim against the debter onto any natition on. Attack all decomposits that			
Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).			
REQUEST FOR RELIEF			
Petitioner(s) request that an order for relief be entered against the debtor unpetition. If any petitioner is a foreign representative appointed in a foreign recognition is attached.			
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.	Mark	u/n	
Signature of Petitioner or Representative (State title) Extendacare, Inc. d/b/a Medistaf Health & Research Name of Petitioner Date Signed	Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Mailing Address of Individual Signing in Representative Lanny Ballard 646 Main Street	Address Telephone No.		
Capacity Port Jefferson, NY 11777	1 elephone (vo.		
x	x		
Signature of Petitioner or Representative (State title) Kimberly Papenfuss	Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Mailing Address of Individual Address of Individual	Address		
Signing in Representative Capacity 9804 Bay Hill Drive Louisville, KY 40223	Telephone No.		
Signature of Petitioner or Representative (State title) Carolyn Bell	Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Mailing Carolyn Bell Address of Individual 101 Oxford Hills Place	Address		
Address of Individual Signing in Representative Capacity 101 Oxford Hills Place Chapel Hill, NC 27514	Telephone No.		
PETITIONING (CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Note: If there are more than three petitioners, attach additional sheets of penalty of perjury, each petitioner's signature under the statement and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims	

Case 07-21249 Doc 1 Filed 11/13/07 Document

Entered 11/13/07 15:22:27 Desc Main Page 3 of 10

Official Form 5 (10/06) - Cont.

Care Biopharma, LLC Case No.___

☐ Check this box if there has been a transfer of any claim against t evidence the transfer and any statements that are required under I	he debtor or to any petitioner. A Bankruptcy Rule 1003(a).	attach all documents that
REQUEST FO Petitioner(s) request that an order for relief be entered against the debtor un petition. If any petitioner is a foreign representative appointed in a foreign recognition is attached.	R RELIEF der the chapter of title 11, United St	tates Code, specified in this order of the court granting
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. x Signature of Petitioner or Representative (State title) Extendacare, Inc. d/b/a Medistaf Health & Research Name of Petitioner Date Signed Name & Mailing Langua Balland	X	Date
Address of Individual Signing in Representative Capacity Lanny Ballard 646 Main Street Port Jefferson, NY 11777	Telephone No.	
xSignature of Petitioner or Representative (State title) Kimberly Papenfuss	x_ Signature of Attorney	Date
Name of Petitioner Date Signed Name & Mailing Kimberly Papenfuss Address of Individual Signing in Representative Capacity Kimberly Papenfuss 9804 Bay Hill Drive Louisville, KY 40223	Name of Attorney Firm (If any) Address Telephone No.	
x	Signature of Attorney Name of Attorney Firm (If any)	a li 2 lo 1 Date
Name & Mailing Address of Individual Signing in Representative Capacity Carolyn Bell 101 Oxford Hills Place Chapel Hill, NC 27514	Address Telephone No.	
PETITIONING		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets penalty of perjury, each petitioner's signature under the stateme and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

Case 07-21249 Doc 1 Filed 11/13/07 Entered 11/13/07 15:22:27 Desc Main Document Page 4 of 10

Official Form 5 (10/06) - Cont.

Care Biopharma, LLC Case No.

TRANSFER Of Check this box if there has been a transfer of any claim against the evidence the transfer and any statements that are required under E	e debtor or to any petitioner. A	ttach all documents that
REQUEST FOI Petitioner(s) request that an order for relief be entered against the debtor unc petition. If any petitioner is a foreign representative appointed in a foreign precognition is attached.	RELIEF ler the chapter of title 11, United Sta	ates Code, specified in this rder of the court granting
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		And the Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-
x	x	Date
Name of Petitioner Date Signed	Name of Attorney Firm (If any)	
Name & Mailing Address of Individual Signing in Representative Capacity Lanny Ballard 646 Main Street Port Jefferson, NY 11777	Address Telephone No.	
x Kandry Paperfeed Signature of Petitione for Representative (State title) Kimberly Papenfuss ONO 2007	x Signature of Attorney	1.(1.2/2)7 Date
Name of Petitioner Date Signed	Name of Attorney Firm (If any)	
Name & Mailing Address of Individual Signing in Representative Capacity Kimberly Papenfuss 9804 Bay Hill Drive Louisville, KY 40223	Address Telephone No.	
X	x	
Signature of Petitioner or Representative (State title) Carolyn Bell	Signature of Attorney	Date
Name of Petitioner Date Signed	Name of Attorney Firm (If any)	
Name & Mailing Carolyn Bell Address of Individual 101 Oxford Hills Place	Address	
Signing in Representative Capacity Chapel Hill, NC 27514	Telephone No.	
PETITIONING (REDITORS	
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets penalty of perjury, each petitioner's signature under the stateme and petitioning creditor information in the format above.	 with the statement under nt and the name of attorney	Total Amount of Petitioners' Claims

continuation sheets attached

Case 07-21249 Doc 1 Filed 11/13/07 Entered 11/13/07 15:22:27 Desc Main Document Page 5 of 10

Official Form 5 (10/06) - Cont.

Care Biopharma, LLC

Name of Debtor	Cure Bropharma,	MANAC.
Case No		

TRANSFER O Check this box if there has been a transfer of any claim against the evidence the transfer and any statements that are required under I	ne debtor or to any petitioner. A	Attach all documents that
Petitioner(s) request that an order for relief be entered against the debtor und petition. If any petitioner is a foreign representative appointed in a foreign precognition is attached.	R RELIEF for the chapter of title 11, United St	tates Code, specified in this order of the court granting
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
x	XSignature of Attorney	Date
Name & Mailing Address of Individual Signing in Representative Capacity Date Signed Diane Blum 195 Devon Drive Clearwater, FL 33767	Name of Attorney Firm (If any) Address Telephone No.	
x Cheri Gross	* MM	1/1/2
Signature of Petitioner or Representative (State title) Cheri Gross 10/19/07 Name of Petitioner Date Signed	Signature of Attorney Name of Attorney Firm (If any)	Date
Name & Mailing Cheri Gross Address of Individual Signing in Representative Control of the Contro	Address Telephone No.	
Capacity San Antonio, TX 78216		
xSignature of Petitioner or Representative (State title)	x Signature of Attorney	Date
Owen Clinical Services, LLC. Name of Petitioner Date Signed	Name of Attorney Firm (If any)	
Name & Mailing Vickie Owen Address of Individual 8623 Trailwood Ave	Address	
Signing in Representative Capacity Baton Rouge, LA 70810	Telephone No.	
PETITIONING C		A TANAN A MARINAMINA DA ANTA MA
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets w penalty of perjury, each petitioner's signature under the statement and petitioning creditor information in the format above.	ith the statement under and the name of attorney	Total Amount of Petitioners' Claims

Case 07-21249 Doc 1 Filed 11/13/07 Entered 11/13/07 15:22:27 Desc Main

Document

Page 6 of 10

Official Form 5 (10/06) - Cont.

Care Biopharma, LLC

Case No.__

TRANSFER OF CLAIM			
Check this box if there has been a transfer of any claim against the evidence the transfer and any statements that are required under I	Bankruptcy Rule 1003(a).	Attach all documents that	
REQUEST FO Petitioner(s) request that an order for relief be entered against the debtor und petition. If any petitioner is a foreign representative appointed in a foreign precognition is attached.	der the chapter of title 11, United S	tates Code, specified in this order of the court granting	
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.			
x	Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Mailing Address of Individual Signing in Representative Capacity Diane Blum 195 Devon Drive Clearwater, FL 33767	Address Telephone No.		
x	x Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Mailing Cheri Gross Address of Individual	Address		
Signing in Representative Capacity 403 Oak Square San Antonio, TX 78216	Telephone No.		
	A AA		
x Wilkle 45. Ulle Signature of Petitioner or Representative (State title)	x Signature of Attorney	w l(2/07 Date	
Owen Clinical Services, LLC. 10 · 20 · 07		Date	
2 m 0 0,810 m	Name of Attorney Firm (If any)		
Name & Mailing Vickie Owen Address of Individual 8623 Trailwood Ave	Address		
Signing in Representative Capacity Baton Rouge, LA 70810	Telephone No.		
PETITIONING C	PENITORS	April 1 to the April	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Note: If there are more than three petitioners, attach additional sheets we penalty of perjury, each petitioner's signature under the statement and petitioning creditor information in the format above.	rith the statement under it and the name of attorney	Total Amount of Petitioners' Claims	

Case 07-21249 Doc 1 Filed 11/13/07 Entered 11/13/07 15:22:27 Desc Main

Document

Page 7 of 10

Official Form 5 (10/06) - Cont.

Care Biopharma, LLC Case No.

TRANSFER OF CLAIM				
☐ Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).				
REQUEST FO Petitioner(s) request that an order for relief be entered against the debtor un petition. If any petitioner is a foreign representative appointed in a foreign recognition is attached.	der the chapter of title 11, United St			
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. x Blees Presentation. Signature of Petitioner or Representative (State title) Blum & Associates of Clearwater, Inc. Date Signed	Signature of Attorney Name of Attorney Firm (If any)	// (12/07 Date		
Name & Mailing Address of Individual Signing in Representative Capacity Dianc Blum 195 Devon Drive Clearwater, FL 33767	Address Telephone No.			
x	x Signature of Attorney	Date		
Name of Petitioner Date Signed	Name of Attorney Firm (If any)			
Name & Mailing Cheri Gross	Address			
Address of Individual Signing in Representative Capacity Address of Individual Signing in Representative San Antonio, TX 78216	Telephone No.			
X	X	handra de la companya del companya del companya de la companya de		
Signature of Petitioner or Representative (State title) Owen Clinical Services, LLC.	Signature of Attorney	Date		
Name of Petitioner Date Signed	Name of Attorney Firm (If any)			
Name & Mailing Vickie Owen Address of Individual 8623 Trailwood Ave	Address			
Signing in Representative Capacity Baton Rouge, LA 70810	Telephone No.	-		
PETITIONING O	CREDITORS			
Name and Address of Petitioner	Nature of Claim	Amount of Claim		
Name and Address of Petitioner	Nature of Claim	Amount of Claim		
Name and Address of Petitioner	Nature of Claim	Amount of Claim		
Note: If there are more than three petitioners, attach additional sheets we penalty of perjury, each petitioner's signature under the statement and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims		

continuation sheets attached

Case 07-21249 Doc 1 Filed 11/13/07 Entered 11/13/07 15:22:27 Desc Main Document Page 8 of 10

Official Form 5 (10/06) - Cont.

Care Biopharma, LLC
Name of Debtor
Case No.

TRANSFER O Check this box if there has been a transfer of any claim against t		Attach all documents that	
Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).			
REQUEST FO Petitioner(s) request that an order for relief be entered against the debtor un petition. If any petitioner is a foreign representative appointed in a foreign recognition is attached.	der the chapter of title 11. United S	itates Code, specified in this order of the court granting	
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		,	
Signature of Petitioner or Representative (State fitle) Sanborn Consulting, LLC	Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Mailing Address of Individual Signing in Representative Margaret Sanborn 40053 Tilbury Drive	Address Telephone No.		
Capacity Palmdale, CA 93551			
X	X		
Signature of Petitioner or Representative (State title) Whalen Consulting, LLC.	Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Mailing Address of Individual LOCAL M. C. L. D. C	Address	1	
Signing in Representative Capacity 10 Old Hope Creek Path Durham, NC 27707	Telephone No.	the first of the f	
x Marin	x WWW	alelon	
Signature of Petitioner or Representative (State title) Austin International Clinical Trial Monitoring, LLC 19-007-07	Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Mailing Scott White Address of Individual 10485 Highgate Manor Ct.	Address		
Signing in Representative Capacity Duluth, GA 30097	Telephone No.		
PETITIONING C	the state of the s		
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Note: If there are more than three petitioners, attach additional sheets w penalty of perjury, each petitioner's signature under the statemen and petitioning creditor information in the format above.	rith the statement under t and the name of attorney	Total Amount of Petitioners' Claims	

Case 07-21249 Doc 1 Filed 11/13/07

Document

TRANSFER OF CLAIM

Entered 11/13/07 15:22:27 Desc Main

Official Form 5 (10/06) - Cont.

Page 9 of 10 Carc Biopharma, LLC Case No.

Check this box if there has been a transfer of any claim against evidence the transfer and any statements that are required under		er. Attach all documents that
REQUEST For Petitioner(s) request that an order for relief be entered against the debtor up petition. If any petitioner is a foreign representative appointed in a foreign recognition is attached.	nder the chapter of title 11, Unite	
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		1.1
10/21/04	x /17/1/	[212/01
Signature of Petitioner or Representative (State fittle) Sanborn Consulting, LLC	Signature of Attorney	Date
Name of Petitioner Date Signed	Name of Attorney Firm (If ar	ıy)
Name & Mailing Address of Individual Signing in Representative Capacity Margaret Sanborn 40053 Tilbury Drive Palmdale, CA 93551	Address Telephone No.	
x	x	
Signature of Petitioner or Representative (State title) Whalen Consulting, LLC.	Signature of Attorney	Date
Name of Petitioner Date Signed	Name of Attorney Firm (If an	ny)
Name & Mailing Evelyn Whalen	Address	
Signing in Representative Capacity 10 Old Hope Creek Path Durham, NC 27707	Telephone No.	
Signature of Petitioner or Representative (State title) Austin International Clinical Trial Monitoring, LLC	X_ Signature of Attorney	Date
Name of Petitioner Date Signed	Name of Attorney Firm (If an	y)
Name & Mailing Scott White	Address	
Address of Individual 10485 Highgate Manor Ct. Signing in Representative Capacity Duluth, GA 30097	Telephone No.	
PETITIONING	 CREDITORS	
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets penalty of perjury, each petitioner's signature under the stateme and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

Case 07-21249 Doc 1 Filed 11/13/07

Document

Page 10 of 10

Case No._

Entered 11/13/07 15:22:27 Desc Main

Official Form 5 (10/06) - Cont.

Care Biopharma, LLC Name of Debtor

	OF CLAIM	
Check this box if there has been a transfer of any claim against		Attach all documents that
evidence the transfer and any statements that are required unde	OR RELIEF	
Petitioner(s) request that an order for relief be entered against the debtor of petition. If any petitioner is a foreign representative appointed in a foreign recognition is attached.	under the chapter of title 11, United	
Petitioner(s) declare under penalty of perjury that the foregoing is true an	A !	
correct according to the best of their knowledge, information, and belief.	u	
X	xSignature of Attorney	
Signature of Petitioner or Representative (State title) Sanborn Consulting, LLC	Signature of Attorney	Date
Name of Petitioner Date Signed	Name of Attorney Firm (If any)
Sale Signed		
Name & Mailing Address of Individual Margaret Sanborn	Address	
Signing in Representative 40053 Tilbury Drive	Telephone No.	
Capacity Palmdale, CA 93551	1	1
	1 /h A Anti	
x Eulyn Wholen owner Signature of Petitioner or Representative (State title)	x MANA NV	alcelor
Signature of Petitioner or Representative (State title)	Signature of Attorney	Date
Whalen Consulting, LLC. 26-Oct - 2007 Name of Petitioner Date Signed	Name of Attorney Firm (If any	
Traine of Fethionet Date Signed	Name of Anothey Phin (If any	}
Name & Mailing Evelyn Whalen	Address	
Signing in Representative 10 Old Hope Creek Path	Telephone No.	
Capacity Durham, NC 27707		

x	Signature of Attorney	No.
Austin International Clinical Trial Monitoring, LLC	Signature of Attorney	Date
Name of Petitioner Date Signed	Name of Attorney Firm (If any)
Name & Mailing Scott White	Address	THAMA
Address of Individual Signing in Representative 10485 Highgate Manor Ct.	Telephone No.	
Capacity Duluth, GA 30097	Telephone No.	
PETITIONING	COEDITORS	
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets		Total Amount of Petitioners'
penalty of perjury, each petitioner's signature under the statem and petitioning creditor information in the format above.	ent and the name of attorney	Claims
and permonnig electrics information in the format above,		I.